

On another page we take pleasure in presenting to the readers of *THE JOURNAL* a very interesting letter from a member of the staff of the German Hospital, who presented some remarks which appeared in a recent issue. It will be seen from this letter that, while the general contention that the German Benevolent Society is an open contract practice institution is not disputed, it would appear that our previous informant had somewhat distorted the actual state of the domestic affairs of this institution. That the German General Benevolent Society has, in past years, done an enormous amount of most praiseworthy charitable work, cannot be gainsaid. That in more recent years many abuses have crept into that institution and that it has very justly been criticized for them, is, we think, equally patent. We are very glad to learn that "hospital patients" are now to be classed and treated as the private patients of the proper member of the attending staff, paying him for his professional services just as any other patient would; this is a long step in the right direction. There remains the reproach that any person, rich or poor, German or not, may become a "subscribing" member of the Society, and as such demand medical or surgical attention for the membership fee of \$1.00 per month. This is not right and cannot be defended in practice. It is therefore with much pleasure that we learn from the communication of our esteemed colleague of the German Hospital, that the energies of the staff are being devoted to an attempt to curb this abuse. Let members of the Society who are able to do so, pay their physician or surgeon just as would any one else. To contemplate the spectacle of a rich man receiving considerable professional attention for the grotesque sum of \$1.00 per month, is not elevating nor inspiring, and we wish the staff every success in their efforts to put a stop to it. Probably, as our correspondent suggests, there will always be contract practice in some form; but let us, at least, strive without end to keep it within reasonable bounds and let it be but one form of that charity which physicians are so lavish in giving.

San Francisco is liable to secure still more fame, or at least attention, through two of **THE VIAVI** her "prominent citizens." The most **REMEDIES** excellent agitation of the nostrum mess, or "patent medicine" business—the "Great American Fraud"—by *Collier's Weekly* is enlightening the public in many ways, and more and more pronounced is the demand for truthful information about these nasty frauds. "Viavi" has come in for mention, and doubtless when the new pure food law goes into effect, it will receive still more interested attention from the administrators of that valuable measure. It may not be generally known to our readers that the "Viavi" business is owned by two "distinguished" citizens of San Francisco—Herbert Law and his brother, "Dr." Hartland Law. For those who are interested in the investi-

gation of frauds we would suggest a few lines of inquiry. Do any of the "viavi" remedies contain morphine? Is it true, as has been rumored, that a considerable portion of the "viavi" instruction deals with the science, art and practice of preventing conception—or eliminating the early product? Is it necessary that there shall be any metal connected with the brick in the transaction of selling a "gold brick"? It may also be interesting to our members, especially our San Francisco members, to know that the Fairmont Hotel has become the office of the "viavi" concern. We wonder will this convenient location be retained after the hotel is open for guests. Certainly, it would be a most excellent advertisement—of our "prominent citizens" and their honest business—and it would also be so convenient for the poor, suffering women who desire instruction in the science, art and practice, etc.

The *JOURNAL* is advised that a department has been opened at the City and County Hospital, San Francisco, for the care of hopeful cases of pulmonary tuberculosis, and that it is ready to receive favorable male patients. The department of public health, we are informed, has for some time had in contemplation the creation of this tuberculosis section. The news that their plans have finally been perfected and that the work of rescue has actually been undertaken, is certainly encouraging, for it marks the first definite effort to fight tuberculosis which has ever been attempted in San Francisco. This is particularly significant when we realize that this city possesses the rather unenviable reputation of having probably the largest mortality from tuberculosis of any large city in the country. During 1905 the mortality reached 22.35 per 10,000 inhabitants, estimating the population to have been 450,000; this mortality resulted from pulmonary and laryngeal tuberculosis alone. We understand that the department of tuberculosis has been placed under the entire charge of the San Francisco member of the tuberculosis committee of the State Society, and that he will have absolute authority in the selection of suitable patients, and in the matter of personal supervision over them. The tuberculosis department is situated on the southern extremity of the City and County Hospital grounds and consists of a number of tent cottages with accommodations for twenty patients; a separate cottage is provided for administration purposes, also separate wooden buildings for kitchen, bathrooms, lavatories, etc. It is not the intention to make this department a place where helpless or very far advanced cases of tuberculosis shall be placed. It is indeed unfortunate that no suitable place exists for the accommodation of these patients, where they might at least be made comfortable and still not be a menace to others, but the importance of keeping this class of patients, afflicted with tuberculosis to a hopeless degree, from those who are still well, or but slightly infected, can not be overestimated. We therefore consider it very wise that

the ruling has been made at the very beginning of the existence of this tuberculosis department that no patient shall be admitted except he be in a hopeful stage of the disease. Only by following a policy of this sort can the best results be accomplished in the way of improvement or cure.

Just now we refer to the holders of life insurance policies not fire insurance. We wish **POLICY HOLDERS** to call your attention particularly to a letter from a physician in this State to the president of one of the large insurance companies—the Mutual—which appears on another page. Most physicians carry life insurance, and particularly those who are or have been examiners for life insurance companies. Certainly no class of injured can form a better idea of what is going to happen in the future, with the big companies paying but \$3.00 for a medical examination and having any old person make it, than can physicians. No one of us needs to be told that it is an exceedingly dangerous state of affairs. Has any company the right to jeopardize the value of policies now held, by reckless and careless examination of future risks at the hands of poorly paid and often incompetent examiners? This is a phase of the question which should receive the careful attention of insurance commissioners the country over, and especially in states where the great majority of the better and competent physicians are refusing to make examinations at cut rates. Instances are beginning to come to our attention where grossly incompetent persons have been allowed to examine risks, because the local members of the county medical society would not sacrifice their self-respect by doing cut rate work. When the return of death comes in, what effect is this sort of carelessness going to have upon the now ample assets of the company? There is hardly a single well qualified physician in the country who can afford to give the time necessary for making a thorough examination and filling out the required blank, for \$3.00. Indeed, in many communities the best men will have nothing to do with insurance examinations at \$5.00, as they are too busy to afford to give their time at that figure; what then must be the condition of things when the remuneration is cut to \$3.00?

Some consulting physicians and surgeons of San Francisco have brought to the attention of the **JOURNAL** what **ANNOYING CARELESSNESS** may seem a trifling thing, yet one which is a great annoyance. Patients will be referred to them from colleagues in the country, without a line to the consultant as to what is desired. Is the consultant to examine the patient and report to the family physician? Or is he to tell the patient what he finds? Is he to care for the patient himself, operating if need be, or is he to send the patient back home to be cared for by the referring physician? And after he has carefully examined the patient, possibly making some x-ray plates, prints of

which, together with a long letter setting forth the condition which he has diagnosed, he has sent to the physician so kindly referring to him the patient—he receives no acknowledgement whatever. It has happened, we are told, that not even the receipt of such a letter has been acknowledged, and the further history of the patient, often a matter of some interest to the consultant, remains a mystery. Now, this is not right. Any person who goes to the trouble of writing a letter to another on some subject of common interest, certainly has earned the consideration of an acknowledgement of his letter at least, if not indeed, a reply in kind. To fail to acknowledge the receipt of an important letter is not only unbusinesslike, it is absolutely discourteous. To the writer of the letter, it is a great annoyance to have his communication go unanswered, for he is left in doubt as to its receipt. Any physician who refers a patient to a consultant without a word as to what is wanted, can not complain if the consultant uses his judgment, operates upon the patient, if need be, and in general handles the patient as though he were his own.

#### THE OCCURENCE OF OCCULT HEMORRHAGES IN TYPHOID FEVER.

Since the publication in 1904, of Joachim's observations in occult hemorrhages in typhoid fever several investigators, notably Tedeschi, Petracchi and Steele, have contributed to our knowledge of the subject. More recently Tileston<sup>(1)</sup> has re-studied the question and in an interesting article reports the results of examinations of the stools from 68 cases. The guaiac and aloin tests for blood pigment were uniformly employed. Positive results were obtained in 25% of the cases. The reports of different investigators are by no means uniform. Thus, Tedeschi observes it in only three out of twenty-four cases. Petracchi, on the other hand, obtained positive results in eight out of eighteen cases (44%), while Steele found traces of blood in about 16% of his series. Zuccola is the only observer whose results were positive in every case. These conflicting statements are due probably to several causes as pointed out by Tileston. In the first place, there may be variations in the severity of the epidemic; secondly, differences in technic and the frequency of the examinations of the stools are also important factors. Of course, the personal equation is always important when a color reaction is in question. Subsequent studies will probably show results quite similar to those to Tileston.

The occult hemorrhages appear in the second week of the disease, persist during the following week and reach their maximum in the fourth week. The fifth week, usually afebrile, gives the lowest figures. In many cases, on the day of positive reaction the temperature was considerably elevated.

The relation to gross hemorrhages is interesting but disappointing. In Tileston's series hemorrhages occurred in seven cases (10%); in six of these, although the stools were examined in all within the